

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90153 001 ****61.25
03-01-2007 90153 002 *****8.75

DOCUMENT # 749940

1. Entity Name

WESLEYAN COMMUNITY HOLINESS CHURCH, INC.



Principal Place of Business

Mailing Address

333 S.W. 4TH STREET
BELLE GLADE FL 33430

333 S.W. 4TH STREET
BELLE GLADE FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1983042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, REV. CLIFFORD C.
333 S.W. 4TH STREET
BELLE GLADE FL 33430

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DAVIS, CLIFFORD C
STREET ADDRESS 333 S.W. 4TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☒ Delete
NAME JENKINS, DAPHNE C
STREET ADDRESS 324 NW 9TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☒ Change ☐ Addition
NAME SONIA BYER
STREET ADDRESS 1717 N.W. AVE. F
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE T ☐ Delete
NAME DAVIS, CLARISSA L
STREET ADDRESS 465 EILON AVENUE
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME DAVIS, CATHY A
STREET ADDRESS 465 EILON AVENUE
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME MORGAN, DENNIS
STREET ADDRESS 544 SW 4TH ST.
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME MURDOCK, ETHEL
STREET ADDRESS 200 S.W. 14TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clifford C. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2007
Date

Daytime Phone #